

Debtor Felicia Renee Hamilton

Case number _____

Joint Debtor shall pay ____ (☐ monthly, ☐ semi-monthly, ☐ weekly, or ☐ bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by the court, an Order directing payment shall be issued to the joint debtor's employer at the following address:

2.3 Income tax returns/refunds.*Check all that apply*

- ☒ Debtor(s) will retain any exempt income tax refunds received during the plan term.
- ☐ Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all non-exempt income tax refunds received during the plan term.
- ☐ Debtor(s) will treat income refunds as follows:

2.4 Additional payments.*Check one.*

- ☒ **None.** If "None" is checked, the rest of § 2.4 need not be completed or reproduced.

Part 3: Treatment of Secured Claims**3.1 Mortgages. (Except mortgages to be crammed down under 11 U.S.C. § 1322(c)(2) and identified in § 3.2 herein.).***Check all that apply.*

- ☒ **None.** If "None" is checked, the rest of § 3.1 need not be completed or reproduced.
Insert additional claims as needed.

3.2 Motion for valuation of security, payment of fully secured claims, and modification of undersecured claims. Check one..

- ☒ **None.** If "None" is checked, the rest of § 3.2 need not be completed or reproduced.

3.3 Secured claims excluded from 11 U.S.C. § 506.*Check one.*

- ☐ **None.** If "None" is checked, the rest of § 3.3 need not be completed or reproduced.
- ☒ The claims listed below were either:

- (1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or
- (2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

These claims will be paid in full under the plan with interest at the rate stated below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling.

Name of Creditor	Collateral	Amount of claim	Interest rate*
Capital One Auto Fianc	2019 Toyota Camry 16200 miles	\$27,982.00	6.75%
Conn's	PMSI Appliances, Furniture, and Electronics	\$5,247.46	6.75%

*Unless otherwise ordered by the court, the interest rate shall be the current Till rate in this District.

*Insert additional claims as needed.***3.4 Motion to avoid lien pursuant to 11 U.S.C. § 522.***Check one.*

- ☒ **None.** If "None" is checked, the rest of § 3.4 need not be completed or reproduced.

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3.5 Surrender of collateral.*Check one.*☐**None.** If "None" is checked, the rest of § 3.5 need not be completed or reproduced.☒

The debtor(s) elect to surrender to each creditor listed below the collateral that secures the creditor's claim. The debtor(s) request that upon confirmation of this plan the stay under 11 U.S.C. § 362(a) be terminated as to the collateral only and that the stay under § 1301 be terminated in all respects. Any allowed unsecured claim resulting from the disposition of the collateral will be treated in Part 5 below.

Name of Creditor	Collateral
Bridgecrest	2014 Nissan Altima 200000 miles
Tower Loan	Household Goods
Tower Loan	Household Goods
Tower Loan	Household Goods

*Insert additional claims as needed.***Part 4: Treatment of Fees and Priority Claims****4.1 General**

Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest.

4.2 Trustee's fees

Trustee's fees are governed by statute and may change during the course of the case.

4.3 Attorney's fees.☒No look fee: \$3,600.00Total attorney fee charged: \$3,600.00Attorney fee previously paid: \$12.00Attorney fee to be paid in plan per confirmation order: \$3,588.00☐

Hourly fee: \$____. (Subject to approval of Fee Application.)

4.4 Priority claims other than attorney's fees and those treated in § 4.5.*Check one.*☒**None.** If "None" is checked, the rest of § 4.4 need not be completed or reproduced.**4.5 Domestic support obligations.**☒**None.** If "None" is checked, the rest of § 4.5 need not be completed or reproduced.**Part 5: Treatment of Nonpriority Unsecured Claims****5.1 Nonpriority unsecured claims not separately classified.**Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. *Check all that apply.*☐

The sum of \$

☒0.00 % of the total amount of these claims, an estimated payment of \$ 0.00☐

The funds remaining after disbursements have been made to all other creditors provided for in this plan.

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If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately **\$0.00**.
Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.

5.2 Other separately classified nonpriority unsecured claims (special claimants). Check one.

☒ **None.** If "None" is checked, the rest of § 5.3 need not be completed or reproduced.

Part 6: Executory Contracts and Unexpired Leases**6.1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. Check one.**

☒ **None.** If "None" is checked, the rest of § 6.1 need not be completed or reproduced.

Part 7: Vesting of Property of the Estate**7.1 Property of the estate will vest in the debtor(s) upon entry of discharge.****Part 8: Nonstandard Plan Provisions****8.1 Check "None" or List Nonstandard Plan Provisions**

☒ **None.** If "None" is checked, the rest of Part 8 need not be completed or reproduced.

Part 9: Signatures:**9.1 Signatures of Debtor(s) and Debtor(s)' Attorney**

The Debtor(s) and attorney for the Debtor(s), if any, must sign below. If the Debtor(s) do not have an attorney, the Debtor(s) must provide their complete address and telephone number.

X **/s/ Felicia Renee Hamilton**
Felicia Renee Hamilton
Signature of Debtor 1

X _____
Signature of Debtor 2

Executed on **March 6, 2020**

Executed on _____

2758 Miller Ave
Address
Natchez MS 39120-0000
City, State, and Zip Code

Telephone Number

Address

City, State, and Zip Code

Telephone Number

X **/s/ Thomas C. Rollins, Jr.**
Thomas C. Rollins, Jr. 103469
Signature of Attorney for Debtor(s)
774 Avery Blvd N
Ridgeland, MS 39157
Address, City, State, and Zip Code
601-500-5533
Telephone Number
trollins@therollinsfirm.com
Email Address

Date **March 6, 2020**

103469 MS
MS Bar Number